

AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

I, _____, hereby authorize _____
_____ to release the State of New Mexico Children,
Youth and Families Department (CYFD), c/o _____
(Social Worker and/or Supervisor), 4359 Jager Drive NE, Suite D, Rio Rancho, NM 87144, the
following information about my treatment: 1) Records of my attendance at therapy, including
dates of appointments scheduled, actual attendance at scheduled appointments, and information
regarding missed and/or rescheduled appointments; 2) A description of my treatment goals in
therapy, including diagnoses which form the bases for any treatment goals, and; 3) Reports,
verbal or written, of the progress I have made and/or am making towards my treatment goals,
including referrals for other therapies and/or services deemed by the therapist to be needed in
order to achieve my treatment goals. This authorization does NOT authorize disclosure of the
contents of therapeutic sessions, disclosure of the therapist's session notes, nor disclosure of any
statements made by me during the course of therapy which the therapist is not otherwise required
by law to disclose.

This information shall be used by CYFD for the purpose of determining my compliance
with and progress made in my court ordered treatment plan. The information provided to CYFD
under this authorization may only be re-released as provided for and for the purposes authorized
by the State of New Mexico Children's Code. I understand that the information to be released
may include information regarding drug abuse, alcoholism, and alcohol abuse, infection with the
Human Immunodeficiency Virus, or Sickle Cell Anemia. This authorization to release
information has been made freely, voluntarily and without coercion.

This authorization serves to REVOKE any and all prior authorizations I have given
CYFD regarding my therapy with the counselor(s)/therapist(s) named herein. I understand that I
may revoke this authorization at any time except to the extent that action has already been taken
to comply with this authorization. Without my express revocation, this consent will
automatically expire on December 31, 2011.

**A PHOTOCOPY OR FACSIMILE COPY OF THIS AUTHORIZATION SHALL BE
CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL**

Name

Date

Address

Telephone number(s)